

DEPARTMENT OF INSURANCE STATE OF ARIZONA

Financial Affairs Division - Compliance Section 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Phone: (602) 364-3988 Fax: (602) 364-3989

Life Care Provider Annual Report Filing Checklist

	Comp	eletion of this Checklist	will assist with filing the	Annual F	Report in	the manner	required	
Enter the info	ormation for	the Life Care Provider an	d Manager (if applicable)	below:				
IAIC Numbe	er:	OR Ariz	zona Company Number:			Federal	I.D. No	
ife Care Pro	vider Name):				Fiscal	Year End:	s:
								Month/Day
lanager Nar	me:					Fiscal	Year End	s: Month/Day
Report. Ind		ative figures with (-).	ost recent financial stat	ement be	eing filed	by the Life	Care Pro	ovider with this
	"As of" Da		/ / year					
,	Assets:	\$		Capital:	\$			
1	Liabilities:	\$		Surplus:	\$			
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ATTACH THIS CHECKLIST TO THE TOP OF THE ANNUAL REPORT FORM E-LIFECARE

E-LIFECARE.AS (12/05) Page 1 of 1